

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	/					
52	/					
53						
54						
55						
56						
57	/					
58	/					
59						
60	/					
61	/					
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69	/					
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72		69				
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96						
97						
98						
99						
100						
TOTAL IND.		45				
TOTAL DEP.		310				
TOTAL CLAIMS		355				

68  
X  
272  
8  
280  
+ 35  
355